end of the Eighth Plan in which less than 10 per cent of the outlay has been spent should be separately identified for shelving/dropping or transferring to the private/joint sectors.

CGHS Facilities

2294. SHRI SATYA PAL JAIN : Will the PRIME MINISTER be pleased to state :

(a) whether there is a policy of the Union Government to provide CGHS facilities atleast at one place in all the States and Union Territories as well as in all the State capitals;

(b) if so, the policy of the Government about the opening of CGHS dispensaries/Hospitals under the administrative control of Union Government in various parts of the country;

(c) whether CGHS facilities are not available at present in the Union Territory of Chandigarh;

(d) if so, the reasons therefor; and

(e) the time by which the CGHS facilities are likely to be made available in the Union Territory of Chandigarh

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) to (e) As per current policy, CGHS is in the first instance to be extended to State Capitals depending on the feasibility, requirements, fulfilment of the CGHS norms, and availability of resources.

The city of Chandigarh has been proposed for inclusion for coverage in the Ninth Five Year Plan.

[Translation]

Labour Welfare Scheme

2295. SHRI FAGGAN SINGH KULESTE: Will the Minister of LABOUR be pleased to state:

(a) whether any rules have been formulated to safeguard the interests of the labourers/workers engaged in medium industries in the countries;

(b) if so, whether medical and insurance facilities are available to the labourers/workers in said industries;

(c) whether the said rules are being followed in the medium industries located in Madhya Pradesh and if so, the details thereof; and

(d) if not, the action taken against such industries which are violating the rules?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI M.P. VEERENDRA KUMAR): (a) to (d) The information is being collected and will be laid on the Table of the house.

Payment of Provident Fund

2296. SHRI MAHESH KUMAR M. KANODIA :
SHRI HARADHAN ROY :
SHRI SANTOSH KUMAR GANGWAR :

Will the Minister of LABOUR be pleased to state:

(a) whether a number of cases for the payment of Provident Fund are lying pending;

(b) if so, the number thereof as on date, State-wise and the reasons therefor; and

(c) the steps taken by the Government for early settlement of Provident Fund and Pension cases including Sitapur Plywood Limited (Sitapur), Damodar Enterprises Limited, Bengal Paper Mill Company Limited and Ajoy Glass Works (located in Raniganj)?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI M.P. VEERENDRA KUMAR) : (a) Yes, Sir.

(b) The EPF Claims complete in all respects are required to be settled within 30 days from the date of its receipt in the EPF Office. However, sometime settlement of PF claim is delayed because of submission of incomplete application forms, non-submission of returns by the employer, difference in signature etc. A Statement showing pending PF claims State-wise is enclosed.

(c) In order to provide prompt service to the subscribers a massive computerisation programme has been launched in the EPF Organisation. A Central Action Plan has also been formulated for regular monitoring of settlement of PF Claims. The grievances redressal Machinery in the EPF Organisation has been strengthened and reactivated so as to ensure early settlement of PF Claims.

Statement

Pending PF Claims as on 31.3.97

Name of the Region.	No. of Claims.
1	2
Andhra Pradesh	118
Bihar	1638
Delhi	497
Gujarat	14190
Haryana	1722
Karnataka	3826

1	2
Kerala	711
Madhya Pradesh	3994
Maharashtra & Goa	14879
N.E. Region	1256
Orissa	143
Punjab & Himachal	2414
Rajasthan	1506
Tamilnadu	1537
Uttar Pradesh	1312
West Bengal	8617

Expenditure on Health Surgery

2297. SHRI RAJESH RANJAN ALIAS PAPPU YADAV: Will the PRIME MINISTER be pleased to state:

(a) whether the Government propose to meet the entire expenditure to be incurred on heart surgery from Prime Minister's relief fund or to provide free heart operation facilities to poor people;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) to (c) No, Sir. There is no scheme at present to meet the entire expenditure incurred on heart surgery or to provide free heart operation facilities to poor people. However, a scheme has recently been launched (NIAF) whereby the financial assistance would be given to patients, who belong to families living below poverty line, for undergoing specialised medical treatment for various life-threatening diseases, wherein cardiac diseases are also included. The details of this scheme have been given in the Statement enclosed.

Statement

(a) National Illness Assistance Fund (NIAF) has been set up vide Ministry of Health & F.W. Resolution dated 13.1.97 which has been published in the Gazette of India (Extraordinary) Part I Section-I) [No.9]. It has been provided in this scheme that every State/U.T. (with Legislature) may set up an Illness Assistance Fund which shall be a registered society. The donation received by this society from State Govt./UT Admn. will be supplemented by a Grant in aid from Central Govt. to the extent of 50% of the contribution made by the State Govt./UT subject to a maximum of Rs. 5 crores for states which have a larger proportion of population living below poverty line and Rs. 2 crores for other states/UTs. The poverty line shall be as defined by the Planning Commission. The fund could also be subscribed by individuals, corporate bodies and other National/International philanthropic organisations. The contribution received by this fund would be exempt from payment of income tax under Section 80(G) of Income Tax Act. The accounts of the society would be audited by AG of the State/UT every year.

This fund would release financial assistance to patients below poverty line in India suffering from life threatening diseases for undergoing medical treatment of any of the superspeciality Hospital/Institutes or other Govt./Private Hospitals participating in the scheme. The assistance will be in the form of a one time grant which will be released to the Medical superintendent of the Hospital, in which the treatment has been received.

A provision of Rs. 25 crores has been made in the budget grant of Ministry of Health & FW during 1996-97 for release of grant in aid to State/UT. A similar amount has been provided in the 1997-98 budget also.

It has also been decided that National Illness Assistance Fund should be set up with an initial donation from Ministry of Health & F.W of Rs. 5 crores. This fund would also be subscribed by Individuals corporate bodies and Non-corporate bodies. The contribution made to this fund will also be exempt from payment of Income-Tax under Section 80(G) of Income Tax Act. The management Committee of NIAF will be chaired by Union Health Minister. The NIAF will be a registered society and its accounts will be subject to audit by C & AG every year.

Whereas the quantum of financial assistance to a poor patient is less than Rs. 1.5 lakhs, the release will be done by the fund at the State/UT level and if the quantum of assistance is in excess of Rs. 1 5 lakhs in an individual case, the case will be recommended to NIAF at the Centre.

NIAF will decide about the budget outlay for grant of similar assistance to be released to such population living in the UTs without legislature.

(d) Applications for necessary assistance under this scheme can be addressed to the Illness Assistance Fund of the respective States/UTs or NIAF. The applicant has to apply to state Govt. to which he belongs alongwith the estimate of the expenditure of the illness from the Hospital where the treatment is being received or will be received and a certificate of his proof of income duly certified by the competent authority of the State. The state illness fund